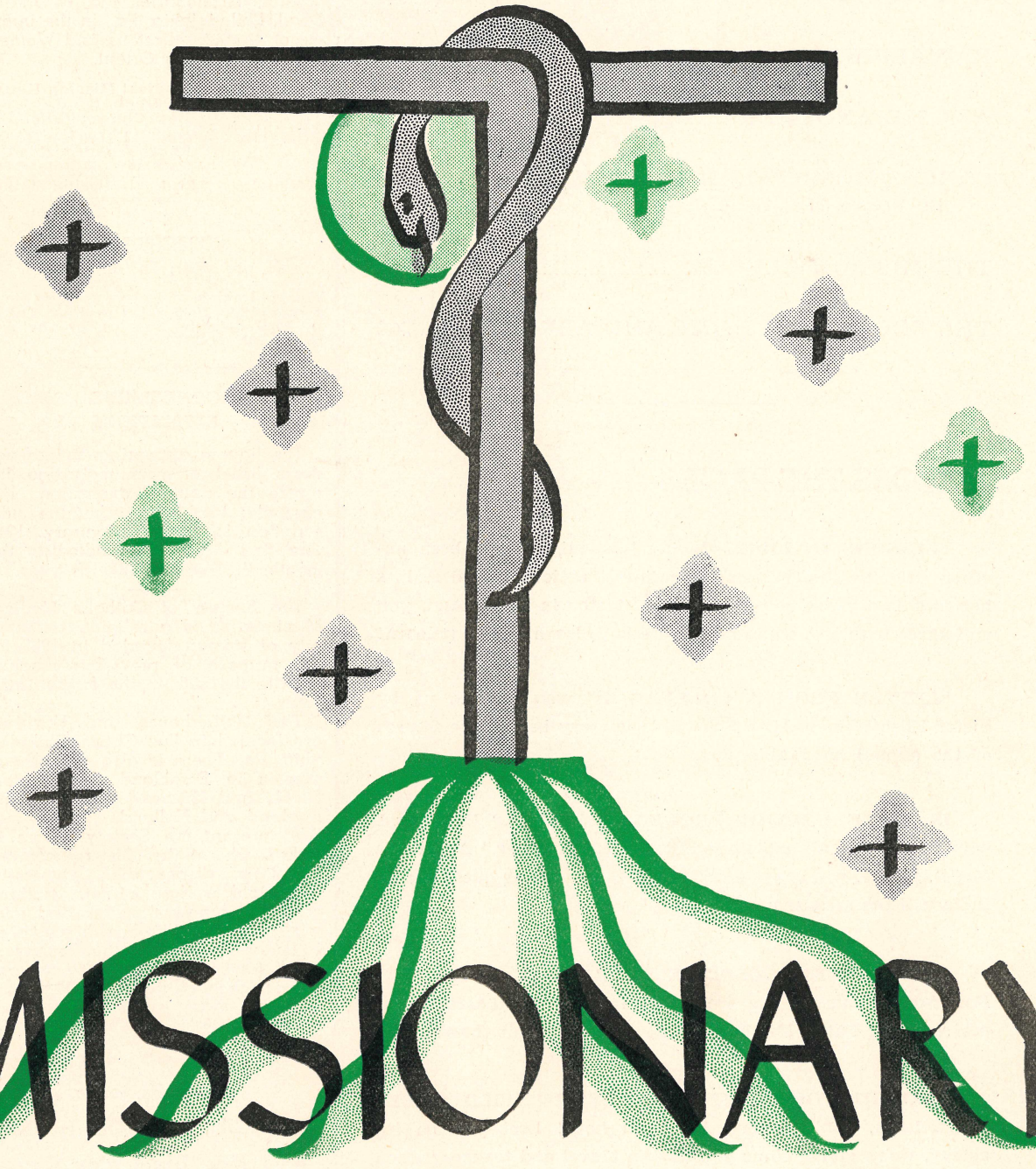
The MEDICAL MISSIONARY



VOL. XVII APRIL, 1943 NO. 4

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ACROSS THE PAGES . . .

"LESSONS IN LIFE"—Indian life—might have been another title for Sister Leonie Tummers' article. She describes her first two years' experience as a doctor in India. And, you will agree with her, what a lot there is to learn and to unlearn!

"LETTER FROM A COLLEAGUE" was sent to us by Sister Elise Wijnen, M.D. She tells the story behind the figures of the annual hospital report.

IS CASTE A MAJOR PROBLEM IN INDIA? It is! Just why and how is all explained in "Ask Me Another." And don't forget, please, you are cordially invited to send us questions on India and the missions.

THE CANCER HOSPITAL IN BOMBAY is the Tata Foundation—famous the world over. Sister M. Laetitia, superior of our Patna Mission, writes about her visit there.

THOUGH YOU MIGHT HEAR SOME WILD TALES about India, don't believe ALL you hear! Lest you be led astray, we're giving some pointers on travel and transportation in the East. You will find them, also, in "Ask Me Another."

THE MEDICAL MISSIONARY

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SISTER M. LOYOLA, S.C.M.M.
Editor

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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

Sister Superior

MEDICAL MISSION HOUSE

8400 Pine Road, Fox Chase
Philadelphia, Pa.

Our divine Redeemer has risen in triumph, the conqueror of death, and has brought us a blessed inheritance of life, of peace, of salvation!

True it is that at this moment almost all the people of the world are the prey of panic-stricken anxiety . . . rocked by the raging tide of war . . . appalled by the future, with its outlook of peril. And yet the solemnities of Easter call men's minds back to the thought of heavenly joys; those Christian virtues we need so urgently, of faith, hope and charity, spring up and flourish again under their influence . . .

It is plain truth that when our Lord Jesus Christ "overcoming the sting of death opened the kingdom of heaven to all who believe" in Him, a new and a happier age dawned upon the whole human race. Three days earlier, the apostles had abandoned their Master in hasty flight. When they witnessed His amazing victory over the powers of darkness, their wavering faith found new strength, the dying embers of divine love in their hearts were enkindled into flame. They had strength from above to rely on, grace from above to aid them; and they prepared to communicate to others the spiritual life which they had drunk in from Jesus Christ, to subdue the whole world, not by arms stained with blood, but by the power of truth and of charity. So it was that *their cry went out into all lands, their words to the ends of the world . . .*

If then, the triumph of Jesus Christ over death brought with it an amazing restoration and renewal of the whole world, it should be the same with us now . . . But this, as we all know by experience, is no easy task. The renewal can only be brought about by Christian strength of character; and such strength, with our human weakness to retard it, means effort, if it is to be the ruling principle of our lives.

And yet, our Lord Christ has not rested content with giving us commandments. He has promised us help from above, and if we ask for it, humbly and earnestly, His great mercy bestows that help on us without fail. Nothing can be difficult to the followers of Jesus Christ. if their wills are set on it; . . . *If we have died with Him, we shall also live with Him; if we wait for Him patiently, we shall also reign with Him; if we suffer with Him, we shall also be glorified with Him . . .*

As the evils of our day crowd in upon us, what hope is left to us, except that which comes from Christ, from His inspirations, and from His teaching, a healing stream flowing through every vein of our society? Only Christ's law, only Christ's grace can renew and restore private and public life, redressing the true ballance of rights and duties, checking unbridled self-interest, controlling passion, implementing and perfecting the course of strict justice with His overflowing charity . . .

He it is who alone can turn men's hearts to peace and brotherly love; He alone can bid the nations settle their disputes, not by violence but by the law of truth, of justice and of charity: He alone can strike the swords from their hands, and join those hands at last in a treaty of friendship.

We, therefore, whose fatherly love for all makes Us share in the bitter grief and affliction of Our sons, on this day of solemn rejoicing offer Our heart-felt prayers to the divine Redeemer, that it may please Him "to grant to kings and princes" and to all the Christian people "peace and true concord."—Amen.

—Pope Pius XII—Easter Message—1940.

To Learn - and To Unlearn . . .

by

SISTER M. LEONIE TUMMERS, S.C.M.M., M.D.

Just about two years ago, at four o'clock in the afternon, we sighted Bombay after a forty-days' journey on the high seas. Anxious as we were to arrive, it seemed ages before we finally docked at eleven o'clock. Of course I did not realize then that we were getting our first lesson in Indian life — time does not mean a thing in India. "If I cannot accomplish anything in this life, perhaps I shall have better luck in the next one"—seems to be the universal motto.

Yet modern time-saving devices are in great vogue in India. There is the telegraph, for instance. But if you leave Patna for Rawalpindi —a two-days' journey — do not worry about sending a telegram announcing your arrival. I did it once for one of the sisters who was leaving Patna unexpectedly. The telegram reached Rawalpindi the day after she did. But telegrams do arrive—eventually!

And there are the trains. They are in great demand, for many people use them. But again time does not mean a thing. Your train is just as likely to leave an hour ahead of time as to be three hours late, although the latter is usually the case. The last time I went by train I was to leave at 7:15 p.m. I arrived at the station in good time; two coolies took my luggage and trotted off to the platform where the Punjab Express was to stop, while I went to the ticket office. No officer there. Knowing that the ticket would take some time to purchase, I inquired for him. "He is having his tea, but there is plenty of time," I was told. (By the way, there is one universally accepted excuse for absence anywhere. That is "khana" —eating.) As departure time was approaching with still no officer in sight, I anxiously inquired again. "He will come," was the reply, while my spokesman politely placed a chair in front of the ticket window so I might wait more agreeably. It was no use fighting the inevitable, so I sat down resignedly, wondering what might happen to the luggage. Finally the ticket officer arrived and proceeded to sell my ticket leisurely, amiably chatting all the while. Where was I going? What did I plan to do? When would I be back? At last I suggested that he had better give me my ticket as it was already half an hour past departure time and the trains might arrive any minute. Indulgently smiling at this monstrous Western haste, he said: "No hurry—the train only leaves at eleven o'clock."

Once in Patna I soon settled down to regular life. But what a lot to learn and to unlearn! One major thing to unlearn is haste and impatience. Kipling's tombstone epithet is quite apt: "Here lies the fool who tried to hurry the East." It cannot be done. The climate is against it. I soon learned the wisdom of burying one's haste. It means energy spent for nothing.

"John, please take this to the laboratory of the big hospital."

"Achccha, doctor."

"You know where it is?"

"Han, Sister, han."

"Take it down quickly. I want the report soon."

"Han, Sister, han."

In the afternoon — "John, did you take the package to the hospital?"

"No, not yet, Sister. John does it now."

In the evening—"John, did you go to the big hospital?"

"Yes, Sister, John went, but the Babu was not there, and nobody else would take it."

"All right, John, take it there tomorrow, but do it in time, please!"

Next day—"John, what about it?"

"Sister, the Babu was there (a sigh of relief on my part)—but he said to bring it Tuesday morning at eight o'clock. He does not do that kind of work today."

One might just as well not be in a hurry and keep peace of mind.

Another problem is the language. And what pitfalls there! Our "munchi" (teacher) is a student himself—"third class pass." You begin with learning the alphabet which has no less than thirteen vowel signs and thirty-three consonants. There are two different t's and d's and, of course, the th's and the dh's. Even in English I have difficulty in pronouncing the d's and t's, so I have a perfectly grand time with these. To differentiate them in spelling exercises our professor calls them "your t." The only ones I can say seem to be the dental one and the hard t—and it does make a difference! For instance — "tin" means "three." "Per" means "tree". "Per" with a soft r— "leg." If not careful, you find yourself asking a patient—"How is the wound on your tree today?"

There are four different n's, but luckily only two are in common use. One of these our "munchi" calls "half an n." You are not supposed to pronounce it, though you should let your listeners know you are trying to say it. Does it make a difference? Most assuredly! Once I was telling a patient to go and take a sun-bath "behind the buffaloes," instead of "behind the bamboo partition" just because I had not said that "half an n."

These language classes are full of amusing incidents. Once the "munchi" stopped me in the interesting perusal of the story of the monkey and the two cats with the cheese (Hindi primer — Infant class—Part II) to inquire about the word for "monkey" in Latin. I had to admit that my Latin vocabulary did not include "mon-

key." Another time he was at a loss for the English word "to wink." So he said: "Like this—close half an eye," and winked for me.

Many of the more educated people, especially the men, can speak English. But you really should have developed a "poker-face" to attempt to speak English to them. The women, when they come to see us for the first time, are usually accompanied by their husbands, brothers, or merely by friends. The men wait patiently outside, for the dispensary is "purdah." But detailed report concerning the health of the patient, as well as the treatment, is required. Once, while trying to obtain permission for an operation, I received the following lengthy reply: "Your honor, the husband of my sister-in-law, whom your honor has under your kind and generous care, says: 'Your holiness may proceed with the operation, and may your kind spirit honor us poor people for many years and once it has passed away, may it be in remembrance for eternity'." And he added in the same breath: "Too bad my sister-in-law cannot speak English, but of course, I am a university graduate."

Names, in India, especially the women's names, are often bestowed to honor some god or goddess, rather than as a means of identification. Four out of five visitors do not know the patient's name. They usually inquire for "the woman who was admitted yesterday or today." Once a patient had to stay in the hospital over a Hindu feast-day, much to her regret. On the eve of the great day she announced that on the morrow her name would no longer be "Tara devi" but "Lachmi ki ma" (Lachmi's mother). Of course, at the bottom of the ruse was the superstitious fear of the punishment of an irate goddess for not taking part in the prescribed ceremonials. By changing her name she hoped to fool the goddess, so she would not be able to find her.

Another day in the dispensary the following conversation was overheard:

"What is your name?"

"I do not know." (Meaning—"I will not tell.")

"But I have to write your name on the card."

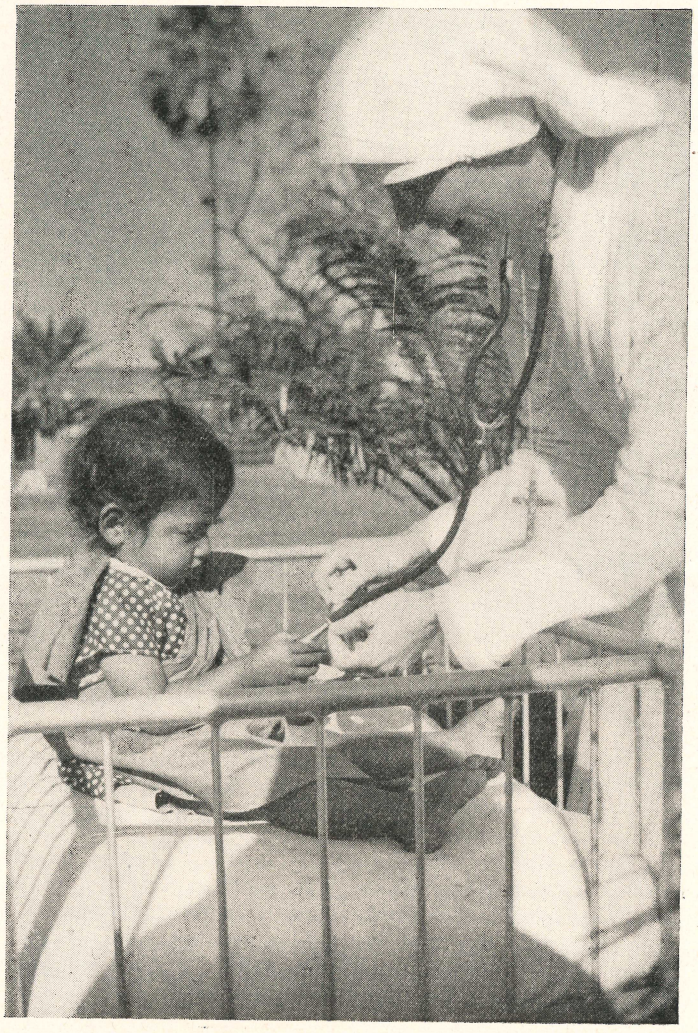
"Ask my husband. He is outside."

The husband spoke English, but proved to be of little help—"If she does not know her name, how do I know it? Write on the card: 'For a lady'."

(It was a feast day and the god must not know that the woman had come to see us. Otherwise the treatment would be of no avail.)

More frequently the woman will not tell her husband's name, but will tell her son or daughter: "Tell Sister your father's name." I was told that the women do not mention their husbands' names as a sign of respect.

Two years of life in India teaches you a great deal. But there is still so much to learn! Sometimes you are inclined to think that Kipling's dictum: "East is East and West is West, and never the twain shall meet," is true. Yet deep in your heart you realize that with all the social, economic and religious differences between the East and the West there is one place where they can and will meet—and that is—in Christ!



Sister Leonie's stethescope passes inspection. "A pretty fine toy!" —thinks Rani.

Letter to a Colleague

by

SISTER M. ELISE WIJNEN, S.C.M.M., M.D.

Dear Sister:

Do you remember, when I was still in Philadelphia, how we used to discuss the annual report from Holy Family Hospital in Rawalpindi? Those yearly figures represented a whole romance of mysteries for us. Of course it was nice to know that there were over 2000 patients and about 500 operations performed. But what we medical students, with our new-born scientific curiosity wanted to know was: What kind of patients? How many cases of each disease? Which operations? And so on. We wanted details, to know where to put the emphasis in our studies and where to concentrate during our internships.

Here I have been in India for almost two years now, and it is time that I tell you some of the answers. I'll pick out the important features of our case-distribution and try to give you an idea of what type of patient is most common in our hospital. From the report itself, you know already that obstetrics is our main specialty. Ot the 2,038 admissions in 1942, 542 were maternity patients. But that department requires a dissertation by itself, so we'll skip this division and concentrate on the first floor.

Tumors and abscesses figure largely in the admissions. Out of forty laparotomies, over twenty were for pelvic tumors. These are the most gratifying cases of all. It is simply amazing how smoothly they convalesce and how few are the post-operative complications, always excepting amebic dysentery and malaria. But distention, pneumonia, and retention are so rare that sometimes I have to pinch myself to see if I am really awake. We have used the Wagenstein apparatus for only a few patients with peritonitis, who came in at the last minute.

Our old friend, amebic dysentery, comes next on the list. The records show 128 cases in 1942. But that gives a totally false impression. It includes only those in whom amebic dysentery was the primary diagnosis. There are, in addition, over 400 patients in whom it was a complication or a secondary complaint. There were five deaths among them, a good indication of the treacherousness and severity of this infection. I am sure that all of them could have been cured if they had not delayed treatment until it was too late. All died of exhaustion and anemia. You never saw such dried-up skeletons in your life, and that from a disease which is supposed to be chronic and low-grade! It just shows that neglect can convert almost any germ into a killer.

Amebic dystentery, as a complication, holds no such dangers. The germs are detected promptly by the laboratory and are treated on the spot. A course of injections will clear up the symptoms, render the patient non-infectious and make her feel like a million rupees. Whether the cure is complete or not is a debatable question. Probably relapses and reinfections are equally common.

It has been a marvel to us how little impressed the local public health authorities have been with this disease. They spend hundreds of rupees each year on the prevention of small-pox, which is comparatively rare, and not an anna on the drains and rubbish heaps which perpetuate the amebae and kill thousands of people, particularly babies. But to clear the city of amebae would mean a radical change in the habits and habitations of the people. That is not nearly as simple as it looks on paper. It will take a long time, I guess.

Malaria accounted for 51 admissions, again as a primary diagnosis. There were about 250 additional patients in whom it occurred in the course of their hospital stay. Its incidence varies with the seasons. From May until November we see one case after another. After that they are scarcer, but relapses can occur at any time. The majority of the malaria patients are ambulatory, if you can imagine walking around with a temperature of 104 in the summer heat. We see them in the dispensary. Those admitted to the hospital are the more serious cases, often children and Europeans. We had one malaria patient whose temperature went up to 108 and stayed there for several hours, who lived to tell the tale! Two deaths occurred, both from cerebral malaria with coma, convulsions and a very high fever.

We treated 52 patients with tuberculosis in the past year. That is not nearly as many as we could have had, if we had admitted every one who came to the dispensary with this disease. But many refuse to come in, and we really haven't the beds and the equipment to care for them properly and indefinitely. So we try to get as many as possible into sanatoria and hospitals where they have X-rays and pneumothorax apparatus and all the other machin-

ery to treat tuberculosis successfully.

The typhoid figure, 16 cases, would have been higher also, if we had more laboratory facilities. No doubt many of the queer, undiagnosed fevers would have proved to be typhoid, if the patients had stayed long enough for a clinical diagnosis. We have no bacteriological laboratory to ascertain the disease promptly. Two of the sixteen patients died, a high mortality, but then, typhoid is a virulent disease in India.

The following each contributed about twenty cases: puerperal sepsis (admitted as such, not delivered in the hospital), pneumonia, injuries, skin diseases, eye diseases, primary anemias, and non-specific gastro-enteritis in children. Then there is a host of other diseases—kala-azar, smallpox, cholera, meningitis, osteomalacia, hepatitis, cancer and heart disease, which gave less than ten cases each. It may interest you that there were only four appendectomies and thirty-five tonsillectomies. So the two stand-bys of American surgery have not much of a showing here!

I hope these details will dress up the figures of the report and make them come alive for you. It shows that we are really in the sub-tropical zone rather than in the true tropics. We have neither the devastating cholera and dysentery epidemics of Dacca, nor the beri-beri, leprosy and filariasis of Patna. But there is still plenty of work left and ample opportunity to put your hard-earned knowledge into practice. So come to India very soon; we need you!

Yours in J.M.J.,

Sister M. Elise Wijnen, M.D.

Sister Elise Wijnen, M.D., assisted by a Sister Student Nurse dresses a badly infected arm at Holy Family Hospital.

Despite the splendors of the Catholic Church today, we are yet perhaps only in the infancy of the Mystical Christ and in the years of Nazareth. Neither Asia nor Africa nor even Oceania have the Church established and firmly built up among them, and three-fourths of the human race are not yet joined to the Church.—Pierre Charles, S.J.

RAWALPINDI

THE ANNUAL REPORT OF

January, 1942 —

Admissions	
Out-patients	
Major operations	
Minor operations	
Home Visits	
Maternity and Child Welfare Clin	
Babies born	
Baptisms	

* * * *

BUT —

The SUM of the figures is ONE—that

By themselves these figures do not m
themselves they are little more tha
score-book—that is, if we see in the
values.

But—we are not statisticians—we
books."

And we know the figures do mean
lot more.

They mean people—all kinds of pe
poor and everyone in between — h
caste and out-caste—Moslem, Hindu
—all loved and healed and served in C

For the SUM

of the people is ONE—

in CHRIST!

PRESENTS - -

HOLY FAMILY HOSPITAL

January, 1943

	2,038
	31,926
	134
	648
	3,486
ic	5,264 visits
	542
	406

* * *

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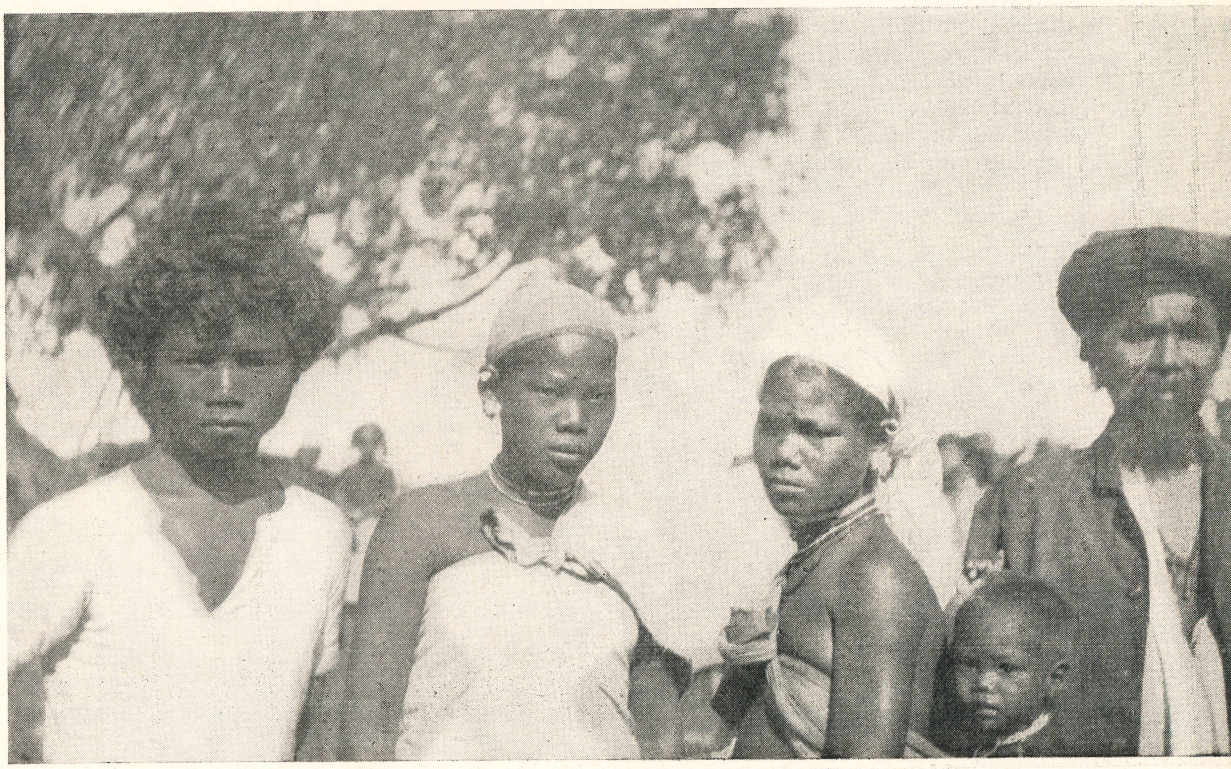

Ask Me Another

HOW DO THEY MANAGE TRANSPORTATION IN INDIA?

No doubt the American troops now in the Orient on Uncle Sam's business will tell some wild tales when they return. But don't believe **all** you hear! We do have trains, cars, trucks, and busses, although not as luxurious and commodious as the American variety. But by far the largest and heaviest load in India is carried by animals—horses, camels, oxen, mules and the human beast of burden, the coolie. So you see, gas shortage has not affected us nearly as much as it has America!

A long train journey, Indian style, is an experience! Of course, if you have the money, you can travel nearly as comfortably as you can back home, in first-class, air-conditioned sleepers. But money is one of the things missionaries chronically are without, so instead of comfort, they acquire experience, and perhaps knock off a little purgatory on the side! So settle down in your tourist compartment (They call it "inter" over here.) and watch the performance.

At first your impressions are merely those of heat, noise, smells, and confusion. The compartment is jam-packed with women, children, babies and luggage. Indians are used to squatting, so every inch of floor space is available for the accessories of travel, and the Indians **never** move with less than thirteen bundles apiece! Trunks, suitcases, bags, baskets, rugs, blankets, vegetables, hardware—anything that is loose at both ends may be found stacked high between and on top of the benches, crammed in every which way, and constantly toppling over or crashing down. The air is thick with chatter, smoke and smells. Food is handed around; babies howl and are shushed; "hookas" (pipes) bubble, and everyone is enjoying herself—that is—everyone except the poor foreigner who isn't accustomed to twelve inches of hard, wooden seat, no floor space for her feet and second-hand air!

Fortunately things are constantly happening to take your mind off your troubles—either some minor but highly vocal altercation, or a story of weddings, babies or illnesses, or a stop at a station. The latter invariably supplies endless new varieties of sights, sounds and smells. Vendors of food, betelnut, tea, sweets and tobacco do a roaring trade in two-cent sales; coolies come running up and go staggering off, loaded down with all the implements of Indian travel; high, low and medium officials act important, in inverse proportion to their rank, while entire families sit squatting on the platform and set up light-housekeeping while they wait for the train.

Indians love to travel, so much so that the railway companies have asked them to moderate their ardor. "Travel only if you must," is their slogan. But its interpretation seems to be rather wide, as yet. And the Indian trains have one important advantage: they are cheap! One can travel for days on thirty or forty rupees, not in an air-conditioned coach, of course, but still third class manages to get there just as fast. The lorries, or busses, which are the chief means of communication between the villages, are equally popular and run on the same style. There is one easy seat beside the chauffeur, two fairly comfortable benches behind this, while the rest are wooden seats, filled to the

All set for a parade—in Bengal!

Not a little of the transportation is done by man-power.

brim with luggage and humanity. The heavy trunks and boxes are loaded on top, so the bus looks as top-heavy as a big black beetle!

Large cities like Bombay and Calcutta have taxis and street-cars, but the smaller towns and villages are still in the horse and buggy era. There are two-wheeled tom-toms and tongas, four-wheeled garis, and rickshas, etc., all offering various degrees of comfort, or the lack of it. The transportation of goods is done by coolies, ox-carts, and camels, the choice between them depending on the locality and the load. Coolies can carry several hundred pounds on their heads or their backs. They look hardly human, staggering along under such a burden. Ox carts are common all over India. They take the place of trucks at home. Speed is not their strong point, but they have marvellous endurance, and they do reach their destination eventually, which is all that matters in India. Camels are used in the sandy and hilly regions. They look most oriental and fascinating, from a distance! To sit on the hospital roof in the evening and watch them plodding down Murree Road in a long, swinging file, with the setting sun behind them, makes as eye-satisfying a picture as one could desire. But camels at close quarters are no pets—the surly, supercilious snapping brutes! Of late they have been hitched to carts, and do they resent it! They look even crosser than usual!

There are many other means of transportation—river travel, mule transports, palanquins, baskets hung from poles, ponies, donkeys, and buffaloes—anything with four legs and a back may be used to carry loads in India. It is quite impossible to surprise anyone in the bazaar, no matter what or how it is carried. I once saw a woman walking down the street with a basket on her head in which were a load of fresh vegetables and a live chicken! She attracted no more attention than an American lady in a modern hat!

IS CASTE A MAJOR PROBLEM?

It is. For the Indians life is more than a pursuit of happiness. It is an obstacle race, with the odds heavily stacked against the underdog, by a system for which no man living is responsible, which many would like to see mitigated or even abolished, and which presses heavily upon every one. Americans are so used to the ideas of equality and a chance for everybody that they can hardly imagine how a large portion of the globe lives without them.

Take the case of our sweeper's little boy, a sturdy youngster, bright as a new penny and chock-full of energy. Among all the rickety, fever-ridden children of the neighborhood, he seemed almost a freak, he was so healthy and keen. At home such a boy would go to high school, work in a drugstore or a garage, would find people willing to sponsor him, and end up on whatever rung of the ladder he had set his heart. But what is there for Badri? Schools cost money, and there are none at home. His father needs the few annas the boy can earn by doing the only work he is able and allowed to do: sewage disposal. Besides, even if he did manage to obtain an education his sweeper's background and caste would be against him all his life. Like a mark on his forehead, he would never be allowed to forget it. To rise above one's caste is to raise oneself by the bootstraps.

We meet with daily instances of the problems and drawbacks of the caste system. The higher castes are by no means exempt from these effects. The constant dread of pollution and the frequent bathing ceremonies must make life a perfect burden to many. Often they will stay away from the hospital or cut short their stay because of some special caste exigency. No matter how wealthy such people are, still they may receive poor medical care just because of the caste system.

This artificial division of human society into sharply divided layers has brought with it a lack of social responsibility which is quite inevitable. It is not selfishness which makes people indifferent to the troubles of others; often it is sheer ignorance. Once they are brought into contact with each other, such as happens in a hospital, they are most interested

and often truly charitable. Many a time we have seen a high caste Hindu lady feed and console a poor beggar woman, and in the dispensary the patients will sit together and compare notes on babies and operations, as if there were no such thing as caste in the whole of India.

Many attempts are being made by the more understanding among the Indians to improve the lot of the low castes and bridge the gaps between parties and sections, but it will take a good deal of time and effort still, before India will become a country instead of a continent.

Cancer Hospital in Bombay - -

"Would you mind calling that bearer?"

"Miss Sahib," came the husky reply, "I am sorry; I am just learning to talk again. I am afraid he would not hear me."

"What happened to you?"

"There is the whistle, Miss Sahib. My daughter is in the compartment with you. She will tell you."

As the trains began to move the daughter continued the story:

"My father is an engine driver. A year ago he developed cancer of the throat. He went from doctor to doctor, hospital to hospital, hakim to hakim and grew steadily worse. He could not eat; he could barely swallow and, at times, could hardly breathe. Then one day we heard of Tata Hospital in Bombay. Six weeks ago we went there and my father was operated upon, treated with radium and is now well enough to return to work. Before that our outlook was very black. He had only two or three more years to his pension, and it looked as though he might lose it. How grateful we are to the doctors and nurses of the Tata!"

Well might they be grateful—not only to the doctors and nurses, but to the Tata Trust that built, equipped and staffed one of the most up-to-date cancer hospitals in the world. Some time later it was my privilege to visit the hospital itself and to be conducted through its various departments.

Everything about the hospital is most conducive to successful rest and convalescence. The color-scheme is greenish-gray and fawn —very soothing but bright and cheerful at the same time. Everything is as clean as a new pin. The patients all look happy and comfortable. They are cared for by trained nurses only and have every convenience, even to running water in the rooms and an excellent call-bell system.

One floor is entirely devoted to the care of free patients and, as one of the doctors expressed it, "Patients have come from every part of India, London, Paris and New York."

Radium metal is not used directly, but radon gas is manufactured from the radium by a special machine. At the final stage the gas passes along a very fine glass tube; pieces of this are sealed, broken off and placed in hollow golden needles that look for all the world like small victrola needles. A sufficient number of these radon seeds are inserted directly into the cancer to control it. One feature of their use is that they are small and can be inserted with very little pain. Furthermore they do not need to be removed again.

As Dr. Jussawalla explained, it is not the radium itself that has any effect on cancerous tissue, but the radon gas from the radium. The hospital possesses two grammes of radium and the manufacture of the gas prevents the radium from being held up by the different cases.

Diagnosis is made by biopsy and X-ray. One whole floor is used chiefly for diagnostic procedures. There the biopsis are done; the X-rays are taken, and the out-patients treated.

The sterilizers and other machinery in the hospital are run electrically. Thus electricity plays a very important part in the working of the Tata Hospital, with all the deep X-ray machines, the radon machine and even the electric laundry and kitchens.

Three large frigidaires are used for the storing of blood. Many of the relatives of the patients are asked to donate blood, particularly for the cases requiring a major operation. The patient is not necessarily given that particular blood unless it happens to match his own. It is placed in the ice-box, and a blood of his type used. The presence of the blood bank ensures a constant supply which is readily available for all emergencies.

The Tata Hospital is a recent venture. Within eight months after its opening 1500 cases had been treated, many of them cured and all helped to a greater or lesser degree. Everyone is accepted for treatment. Those who do not require hospitalization make their own arrangements — but for the poor all the treatments are free.

—Sister M. Laetitia,
S.C.M.M., R.N.

We hunger for peace for all men; for those who are near to Us and those who are far away; those who are faithful to Us and those who are separated from Us; those who are at peace and those who are at war; for it is to all men that We owe the service of the truth and of the charity of Christ."—Pope Pius XII.

The Mission Clipper

Polish Refugees In India

On a hill in Balachadi, twenty miles from Jamnagar there is a colony of some 160 Polish children. They are, with the exception of three Jews, all Catholics. Separate quarters are provided for boys and girls and everything is done to make these children happy. They have regular hours of study and classes; games, amusements and excursions. A resident doctor, assisted by nurses attends to their physical wants; while for their spiritual needs they have a chapel where Mass and other prayers in common are said daily. The soul of this model Catholic colony is the Rev. Francis Pluta, Chaplain in the Polish Army and Commandant of the settlement. He keeps in touch with the Government of India and the Polish Government in London. At present he is arranging for the erection of a new building to house more refugees, who are expected to bring the number up to a thousand. A Polish Capuchin Lay Brother assists Father Pluta in the administration of the colony.

—The Bombay Examiner

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Women In Iraq

In Iraq state education has undoubtedly done more than any other factor to affect the mental status of women and girls, especially in the upper and middle classes. Before 1918, except for a very few schools conducted by foreign organizations in two or three of the large cities in Iraq, there was absolutely no education for women save the little Koran schools. Here the religious women leaders called "Mullayas" instructed small groups of girls in the reading and chanting of the Koran and the traditional books—a highly specialized form of education designed solely to perpetuate religious leadership in a manless society.

The education department of the new kingdom of Iraq had to break down age-old prejudices and cope with a thousand difficulties in obtaining teachers and formulating a curriculum. It is greatly to its credit that in a quarter of a century the country should have been made "education-minded" for girls as well as boys. Today there is hardly a town of any size that does not have its girls' elementary school, and all the larger centers have up-to-date kindergartens and classes going up through high school. Baghdad has a teachers' training college exclusively for women, a school of domestic science and home economics, and women have just recently been admitted to the law school and medical college, thereby making these coeducational.

* * *

Formerly the word used (in Iraq) in referring to a man's wife was "Aqila," which means "the tethered one," and is the adjective used for the hobbled camel. Nowadays a more frequent term is "Qarina," meaning "linked," which thus implies progress in the idea of reciprocity.—Dorothy Firman Van Ess—"Arab Women of Iraq Women Today"—Asia and the Americas.

* * *

New Treatment For Malaria

According to the plan advocated by Dr. Aubrey H. Hamilton, lieutenant commander, U.S.N.R., malaria can be treated just as effectively by giving quinine over a shorter period of time than by the standard method. When using the hydrochloride form of quinine only about a third as much is required to complete treatment as compared to the standard treatment. For a hundred typical cases this amounts to a saving of over 50,000 grains and requires about 4,859 fewer days.

Dr. Hamilton and his associates have found that the hydrochloride form of quinine does not upset the stomach as readily as the other form; nor are the tablets as likely to harden into pellets that remain unabsorbed by the body, as occurs with quinine sulfate in tropical climates.

Although preferring quinine, Dr. Hamilton also evaluates the use of other anti-malarials, for cinchona bark, from which we get quinine, cannot supply all the anti-malarial units needed during the war. The cinchona, or "Jesuit's Bark" obtained from South America does not contain as much quinine as that from Japanese occupied territory. But other components from this bark with anti-malarial action can be inexpensively and efficiently extracted to augment our supply of anti-malarials. This product, called totaquine, is about half as potent as quinine, requiring doses of thirty grains a day.

Quinacrine hydrochloride (atrabine), the synthetic anti-malarial, is an effective treatment but more dangerous than quinine. Its undesirable reactions are somewhat unpredictable, Dr. Hamilton warns.

Dr. Hamilton has had twenty years experience in anti-malarial work in the war zone of southeast Asia. The clinical material upon which he bases his report amounts to about 75,000 malaria cases.

—Science News Letter

R. I. P.

Please pray for the repose of the souls of—

His Eminence, Arthur Cardinal Hinsley, Archbishop of Westminster.

The Most Reverend Rudolph A. Gerken, Archbishop of Santa Fe.

Sister M. Francis Patrick, Hartford, Conn.

Sister M. Peter Claver, Cornwells, Pa.

May their souls and all the souls of the faithful departed rest in peace. Amen.

The Society at Home and

Sister M. Barbara

AT HOME - - -

Graduation and a New M.D.

One never knows—these days—just when an invitation to a graduation is going to pop through the mail. Before the "duration" of course, graduations seemed belong to June. But with accelerated programs and so forth you may find yourself congratulating someone on their hard-earned parchment just about any month of the year. Anyway — during **March — March** 11th to be exact—the Medical Missionaries added one more M.D. to the roster, the sixth of our family to have completed her medical studies in the Society.

Sister M. Barbara Taggert, who received her degree from the Woman's Medical College of Philadelphia, Pa., is the new M.D. Sister comes from Wilmington, Del., and after completing her academic work at the Ursuline Academy, she began her college work with the Religious of the Sacred Heart at Manhattanville, New York. After entering the Society, she continued her premedical studies at Trinity College in Washington, D.C. Sister Barbara will begin her internship at the Woman's College Hospital on April first.

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INDIA - - -

Mountains—Shops—and "Vow Cows"

Sister Dolores has been doing some tripping hither and yon over the hills of Kashmir. Even the rain could not keep her from exploring some of the villages. She writes:

"One day Sister Laetitia and I decided to visit one of the many villages situated here and there in the mountains. We started out right after breakfast, fortified with sandwiches, fruit and two, large, grandfather-like umbrellas. The latter served as walking sticks, and at the same time shooed away the black thundercaps that insisted on hiding the sun.

"From our mountain we could see the village we intended to visit, but neither one of us knew the way. We decided, however, to try a direct route and started straight down the mountain. Every once in a while Sister Laetitia would say to me—'Now we are on the right path.' But it all seemed like so much jungle to me. Then we met some villagers tending their cattle. They pointed out the way, but even then we had a hard time keeping to the path. The natives can see the paths just as well as we can see city streets.

"No sooner did we arrive at the village than all the people flocked out to see us. No doubt we were a novelty especially to some of the women. Many of them never leave their own neighborhood even once during their lifetime, so we in our white habits must have been quite a curiosity.

"The people all appeared vigorous and healthy. Each mud home had a cornfield attached to it, and we saw nothing else under cultivation. Throughout the whole day we saw no one working except the women who were cooking the meals. Very few men were about. No doubt they are employed by the people in Murree. Naturally we were invited to have 'khana' (food) with the people, but to accept one invitation would have meant to accept them all, and we still had to climb up the mountain again before nightfall.

"I imagine the climb up the mountain in the moonlight would be interesting in the same way a Hallowe'en party is. They say that the jackals peer out at one from behind trees and shrubs with green phosphorescent eyes. Jackals are notoriously cowardly and scurry away at the slightest move in their direction. These greyish-tan canines come out at night and run about in packs of at least three or four. Their cry is a sort of a cross between a hoot and a wail. At first it is somewhat disturbing, but one gets used to it very shortly. There

Abroad -

"Indian shops are compact units in which the shop-keeper and his assistants sit or squat on the floor" . . .

are many cows wandering around in the mountains, jumping about from rock to rock just like goats. Some of them are extremely thin and bony, but no wonder—they get very little to eat during the dry seasons, considering the strenuous, athletic life they lead.

"Quite a few of them are 'vow' cows, that is, they have been offered up to the gods for favors received. These are turned loose in the hills and are allowed to roam about unmolested, existing on whatever they can find.

"The other day one of the sisters washed out a pair of stockings and hung them outside to dry. When she went to collect them a few tatters and shreds were all that remained! A 'vow cow' had eaten them! And the other night while I was sleeping a heavy thud awakened me. A cow, trying to get into the room by way of a window, fell in, front feet first! I ushered her out, but she persisted in keeping watch outside the window all night long. It was a temptation to let her stay inside, since the mountain air was cold and the poor cow seemed to be pretty well advanced in 'cow years.'

"Not long ago some of us decided to take a trip to the 'town' —that is—to the Indian bazaar. The shops are compact units in which the shopkeeper, be he carpenter, tailor, jeweler, or butcher, sits or squats on the floor. He does not need to change his position much, since everything is so conveniently arranged that all he has to do is just reach out for whatever is needed. To keep him company and to help him, several assistants, perhaps some of them children, sit in the shop also.

"We happened to stop in front of a butcher shop just as a customer entered. The butcher raised his eyelids; the customer indicated his wants. Then the butcher reached up and took down one of the several slabs of meat suspended from the ceiling. Holding the meat with both hands, he cut it with a knife held between his big toe and the one next to it. Then he weighed it, and the assistant finished the transaction, while he did business with the next customer. All was accomplished with a minimum expendage of energy. How would you like to have your chops cut in this fashion!"

"LOTS FOR LITTLE"

Do you know that you can "salvage for Christ?" Yes, you can—by helping out the LOTS FOR LITTLE SHOP at 902 Third Ave., New York City.

By collecting old clothes, furniture, books, etc. and selling them under the thrift shop plan LOTS FOR LITTLE has been able to give financial aid to no less than six charitable organizations including our own medical missions in India. To carry on this work, however, the promoters of the shop depend on you for voluntary donations.

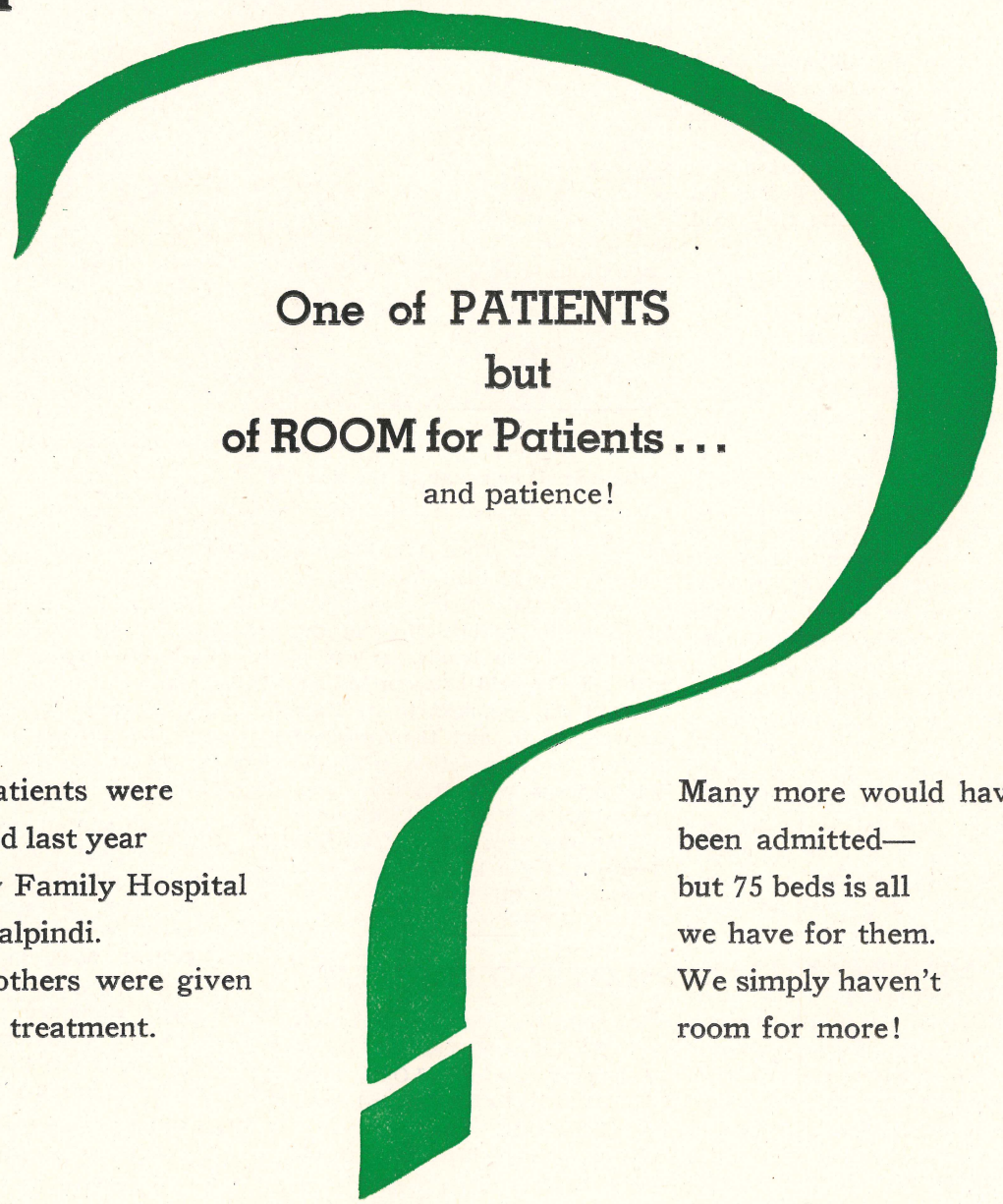
We ask you and all our friends, therefore, to help this cause by salvaging old clothes, books, furniture, novelties, anything you no longer need or want for LOTS FOR LITTLE. Very little effort is required on your part. Merely collect your rummage and send a card to 902 Third Ave., New York City, or, if you live in New York, phone PLaza 3-1850.

You will be doing a good work—you will be "salvaging for Christ!"

For all we pray peace — joy — life — in Christ — this Eastertide.

—The Medical Missionaries.

THE QUESTION IS - - NOT



One of PATIENTS
but
of ROOM for Patients . . .
and patience!

2038 patients were admitted last year to Holy Family Hospital in Rawalpindi.
31,926 others were given clinical treatment.

Many more would have been admitted—
but 75 beds is all we have for them.
We simply haven't room for more!

You KNOW the ANSWER - - A new 100 bed hospital for Rawalpindi!

So—won't you please SOLVE the question—give us the answer—

By HELPING US BUILD our NEEDED NEW Holy Family Hospital?